

KENTUCKY DEPARTMENT FOR EMPLOYMENT SERVICES
PREVAILING WAGE INFORMATION REQUEST
FAX TO: (502) 564-7459

PLEASE DO NOT SUBMIT DUPLICATE REQUESTS

ALLOW UP TO 14 WORKING DAYS FOR PROCESSING

1. Name of Employer (Full Name of Organization)		2. Employer Telephone (Area Code and Number)	
3. Address (Number, Street, City or Town, State, ZIP Code)		County of Job Location	
4. Name of Alien (if known)			
5. Address where Alien will work (if different from item 3)			
6. Nature of Employer's Business	7. Alien's Job Title	8. Work Shift	9. Rate of Pay (\$/hr)
10. Describe fully the job to be performed (duties and special requirements)			<input type="checkbox"/> H1B <input type="checkbox"/> H2B <input type="checkbox"/> Traditional (PERM)
11. Which level best describes this occupation? <input type="checkbox"/> SKILL LEVEL I - Entry level, little to no experience required <input type="checkbox"/> SKILL LEVEL II - Some experience and/or education required		(check appropriate Box) <input type="checkbox"/> SKILL LEVEL III - High level of experience and education required <input type="checkbox"/> SKILL LEVEL IV - Fully competent, extensive experience required	
12. College Education (number of year): _____ College Degree required (specify) _____ Specify Specialty: _____		14. Number of Employees Alien will supervise: _____	
13. Experience required _____ years _____ months		15. Occupational Title of person who will be Alien's immediate supervisor: _____	
Submit typed form to: Office of Employment and Training Alien Labor Certification Unit Division for Field Services 275 East Main Street, 2WA Frankfort, Kentucky 40621		Prepared by _____ Phone Number _____ Fax Number _____	
FOR OFFICIAL USE ONLY			
Prevailing wage for job described above is \$ _____ per _____ WL: _____ OES Code: _____ OES Job Title: _____ By: _____ Date: _____ Expires: _____			
Wage Source: OES LMI OTHER (circle one)			
THIS RATE IS VALID FOR FILING APPLICATIONS AND ATTESTATION			

Rev.02-20-09